

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 18
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 12 / 06 / 2012	

Full Name (Last, First, Middle Initial) of Payee Rev. Stephen Broden		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 1321 Rowan		Amount 308.79	
City Dallas	State TX	Zip Code 75223	Transaction ID : SE.9496
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 104460.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Rev. Stephen Broden		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 1321 Rowan		Amount 308.80	
City Dallas	State TX	Zip Code 75223	Transaction ID : SE.9498
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 104460.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	617.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Date

MM / DD / YYYY
01 / 28 / 2013

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F24A
Transaction ID :

This report has previously been amended to delete the vendor Family Research Council Action and report the individual vendors for this independent expenditure (bus tour). When the report was filed, it was contemplated that the expenses associated with the bus tour would be paid to Family Research Council Action. When the report was amended, good faith estimates of the expenses were used. The report includes additional vendors and provides specific amounts.

Form/Schedule:
Transaction ID:

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 12 / 06 / 2012</div> </div>		

Full Name (Last, First, Middle Initial) of Payee Randy Burt			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div> </div>		
Mailing Address 801 G Street NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2306.55</div>		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9535		
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">107520.31</div>			2012 <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) of Payee Champion Coach			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2012</div> </div>		
Mailing Address 145 Ben Hamby Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7700.00</div>		
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.8529		
Purpose of Expenditure Bus rental		Category/ Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">25087.00</div>			2012 <input type="checkbox"/> Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">10006.55</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Signature _____ Date

M M / D D / Y Y Y Y Y Y
01 / 28 / 2013

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 18
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			M M / D D / Y Y Y Y Y Y 12 / 06 / 2012		
Full Name (Last, First, Middle Initial) of Payee Champion Coach			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012		
Mailing Address 145 Ben Hamby Lane			Amount 7700.00		
City Greenville	State SC	Zip Code 29615	Transaction ID : SE.8531		
Purpose of Expenditure Bus rental		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 25087.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Chris Curry			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012		
Mailing Address 801 G Street NW			Amount 3131.60		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9561		
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 113035.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			10831.60		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Paul Tripodi</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 01 / 28 / 2013</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y 12 / 06 / 2012	

Full Name (Last, First, Middle Initial) of Payee Chris Curry		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 801 G Street NW		Amount 114.11	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9614
Purpose of Expenditure Bus tour travel expense	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113674.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Engineering Supply and Imaging		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 11281 James Street		Amount 50.88	
City Holland	State MI	Zip Code 49424	Transaction ID : SE.9484
Purpose of Expenditure Supplies for bus tour	Category/ Type 007	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102587.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	164.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Paul Tripodi

Signature

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Date

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NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

FEC IDENTIFICATION NUMBER ▼

C C00489625

Check If ☒ 24-hour report ☐ 48-hour report☐ New report ☒ Amends report filed onM M / D D / Y Y Y Y Y Y
12 / 06 / 2012

06

2012

Full Name (Last, First, Middle Initial) of Payee

Engineering Supply and Imaging

Date

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

29

2012

Mailing Address 11281 James Street

Amount

50.88

Transaction ID : SE.9500

Purpose of Expenditure
Supplies for bus tourCategory/
Type 007

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CLAIRE MCCASKILL

Calendar Year-To-Date Per Election
for Office Sought

104460.66

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Kathy Flavin

Date

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

29

2012

Mailing Address 801 G Street NW

Amount

222.05

Transaction ID : SE.9510

Purpose of Expenditure
Travel expenses for bus tourCategory/
Type 002

Office Sought:

☐ House

State: MO

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

W TODD AKIN

Calendar Year-To-Date Per Election
for Office Sought

104991.71

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

272.93

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

Signature

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 12</div> <div><small>D D D</small> 06</div> <div><small>Y Y Y Y Y Y</small> 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Kathy Flavin		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">222.05</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9512
Purpose of Expenditure Travel expenses	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Fris Office Outfitters		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 109 River Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">447.49</div>	
City Holland	State MI	Zip Code 49423	Transaction ID : SE.9530
Purpose of Expenditure Bus tour supplies	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">669.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

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Signature

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2013

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y 12 / 06 / 2012	

Full Name (Last, First, Middle Initial) of Payee Fris Office Outfitters			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 109 River Avenue			Amount 447.49	
City Holland	State MI	Zip Code 49423	Transaction ID : SE.9618	
Purpose of Expenditure Bus tour supplies		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 114121.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Google Inc.			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 1600 Amphitheatre Parkway			Amount 300.72	
City Mountain View	State CA	Zip Code 94043	Transaction ID : SE.9616	
Purpose of Expenditure Online ad		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 300.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	748.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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Date

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01 / 28 / 2013

Signature

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 12</div> <div><small>D D D</small> 06</div> <div><small>Y Y Y Y Y Y Y Y</small> 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Lamplight Entertainment Inc.		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 8722 Oakdale Ave.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>	
City Northridge	State CA	Zip Code 91324	Transaction ID : SE.9522
Purpose of Expenditure Supplies for bus tour	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Lamplight Entertainment Inc.		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 8722 Oakdale Ave.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>	
City Northridge	State CA	Zip Code 91324	Transaction ID : SE.9524
Purpose of Expenditure Supplies for bus tour	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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Date

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2013

Signature

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 12 / 06 / 2012	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 801 G Street NW		Amount 936.83	
City Washington	State DC	Zip Code 20001	
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Transaction ID : SE.9490
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 103523.83			

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 801 G Street NW		Amount 936.83	
City Washington	State DC	Zip Code 20001	
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Transaction ID : SE.9492
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 104460.66			

(a) SUBTOTAL of Itemized Independent Expenditures.....	1873.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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Signature _____ Date MM / DD / YYYY 01 / 28 / 2013

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 12</div> <div><small>D D D</small> 06</div> <div><small>Y Y Y Y Y Y Y Y</small> 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">154.50</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9506
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">104615.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">154.50</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9506
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">104769.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">309.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Date

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 12</div> <div><small>D D D</small> 06</div> <div><small>Y Y Y Y Y Y Y Y</small> 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Mike Mears		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2383.79</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9559
Purpose of Expenditure Travel expenses for bus tour		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">109904.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Darin Miller		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 801 G Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">845.69</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9514
Purpose of Expenditure Travel expenses for bus tour		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">3229.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

FEC IDENTIFICATION NUMBER ▼

C

C00489625

Check If ☒ 24-hour report ☐ 48-hour report☐ New report ☒ Amends report filed onM M / D D / Y Y Y Y Y Y
12 / 06 / 2012

06

2012

Full Name (Last, First, Middle Initial) of Payee

Darin Miller

Date

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

29

2012

Mailing Address 801 G Street NW

Amount

845.69

Transaction ID : SE.9516

Purpose of Expenditure
Travel expenses for bus tourCategory/
Type 002

Office Sought:

☐ House

State: MO

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CLAIRE MCCASKILL

Calendar Year-To-Date Per Election
for Office Sought

105213.76

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Newscom Services Inc.

Date

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

29

2012

Mailing Address 375 Chipeta Way
Suite B

Amount

60.00

Transaction ID : SE.9532

Purpose of Expenditure
Bus tour suppliesCategory/
Type 006

Office Sought:

☐ House

State: MO

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

W TODD AKIN

Calendar Year-To-Date Per Election
for Office Sought

105213.76

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

905.69

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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Date

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 06 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Scott Potter		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 801 G Street NW		Amount 453.96	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9502
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 104460.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Scott Potter		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 801 G Street NW		Amount 453.97	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9504
Purpose of Expenditure Travel expenses for bus tour		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 104460.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	907.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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Date

MM / DD / YYYY
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y 12 / 06 / 2012	

Full Name (Last, First, Middle Initial) of Payee Scott Potter		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address 801 G Street NW		Amount 300.00	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9607
Purpose of Expenditure Bus tour travel expense	Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 113335.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PR Newswire		Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2012	
Mailing Address G.P.O. Box 5897		Amount 240.00	
City New York	State NY	Zip Code 10087	Transaction ID : SE.9621
Purpose of Expenditure Bus tour advertising	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 114361.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	540.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Paul Tripodi

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 12</div> <div><small>D D D</small> 06</div> <div><small>Y Y Y Y Y Y Y Y</small> 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Skyline West Michigan		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 4768 Danvers Dr. SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1639.30</div>	
City Kentwood	State MI	Zip Code 49512	Transaction ID : SE.9518
Purpose of Expenditure Supplies for bus tour		Category/ Type 007	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Skyline West Michigan		Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 10</div><div><small>D D D</small> 29</div><div><small>Y Y Y Y Y Y Y Y</small> 2012</div></div>	
Mailing Address 4768 Danvers Dr. SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1639.31</div>	
City Kentwood	State MI	Zip Code 49512	Transaction ID : SE.9520
Purpose of Expenditure Supplies for bus tour		Category/ Type 007	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">105213.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">3278.61</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00489625		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012		
Full Name (Last, First, Middle Initial) of Payee UPS			Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012		
Mailing Address PO Box 533238			Amount 1095.05		
City State Zip Code Charlotte NC 28290		Transaction ID : SE.9623			
Purpose of Expenditure Bus tour supplies		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 115456.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Glyn Wright			Date M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012		
Mailing Address 8412 Blackishton Ln			Amount 224.54		
City State Zip Code Alexandria VA 22308		Transaction ID : SE.9612			
Purpose of Expenditure Bus tour travel expense		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 113560.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			1319.59		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Paul Tripodi</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2013</p>					

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NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 12 / 06 / 2012	

Full Name (Last, First, Middle Initial) of Payee Mark Yarborough		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 417 Desert Garden Drive		Amount 356.18	
City Plano	State TX	Zip Code 75093	Transaction ID : SE.9486
Purpose of Expenditure Travel expenses for bus tour	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102587.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Mark Yarborough		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 417 Desert Garden Drive		Amount 356.19	
City Plano	State TX	Zip Code 75093	Transaction ID : SE.9486
Purpose of Expenditure Travel expenses for bus tour	Category/ Type	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 102587.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	712.37
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	39387.74

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

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Signature _____ Date MM / DD / YYYY 01 / 28 / 2013